

# Chapter Four: Payment of Required Contributions and Billed Amounts

---

## Types of contributions

There are five types of contributions that employers must remit:

- Member TRS retirement contributions
- Employer TRS contributions for member benefit increases
- Employer TRS contributions on salaries paid from federal funds
- Member Teachers' Health Insurance Security (THIS) Fund contributions
- Employer Teachers' Health Insurance Security (THIS) Fund contributions

An employer contribution may be due when a TRS member retires using the early retirement option. This is discussed in Chapter 11.

## Member TRS retirement contributions (40 ILCS 5/16-152)

Member retirement contributions are 9 percent of total creditable earnings and are used for the following purposes:

- retirement annuity - 7.5 percent
- automatic annual increases in annuity - 0.5 percent
- death benefits - 1 percent

All active TRS members are required to contribute 9 percent of their creditable earnings to TRS. These contributions fund retirement annuities, annual increases in retirement benefits, and death benefits. While the 9 percent TRS contribution is a member obligation, the employer may agree to pay this contribution for the member as a benefit.

## Employer TRS contributions for member benefit increases (40 ILCS 5/16-158)

Employer TRS contributions are shared by TRS-covered employers and the State of Illinois.

- The employer TRS contribution is 0.58 percent of creditable earnings.
- The State of Illinois also provides contributions on behalf of employers to partially fund TRS under the continuing appropriation law. The State of Illinois remits these contributions directly to TRS.

The employer must contribute 0.58 percent of creditable earnings to TRS. This employer TRS retirement contribution is often identified as the "employer contribution for member benefit increase." The employer TRS contribution was created in 1998 as part of the 2.2 legislation. Because implementation of the 2.2 retirement formula meant that TRS would pay higher benefits to annuitants, the legislation had to provide additional funding sources. As a result, the member contribution rate increased, the State of Illinois contributions increased, and the new employer contribution was created. The employer TRS contribution rate started as 0.3 percent in 1998, increased to 0.58 percent in 1999, and dropped to 0.18 percent in 2002. Effective July 1, 2003, the employer TRS contribution returned to 0.58 percent.



## **Employer TRS contributions on salaries paid from federal funds** **(40 ILCS 5/16-158)**

If any portion of a member's salary that is considered creditable earnings is paid from special trust or federal funds administered by the employer, then the employer pays TRS an employer contribution equal to 10.5 percent of salary paid from the special trust or federal funds, including stipends and substitute pay. Examples of programs paid from federal funds include, but are not limited to,

- Title 1 Programs
- 89-313 Special Education or 94-142 Federal Flowthrough
- Carl D. Perkins Vocational Education Act
- I.D.E.A. Grant
- Drug Free Schools
- Title II Programs

Do not include earnings paid from state or federal funds provided under Title XX for adult and youth education classes for persons whose schooling has been interrupted.

## **Health insurance (THIS Fund) contributions** **(5 ILCS 375/6.6)**

Effective July 1, 1995, all active TRS members, including substitute and part-time teachers who are not employees of a state agency covered by the state employees' health plan, are required to make contributions toward the cost of health benefits. Effective January 1, 2002, the active member Teachers' Health Insurance Security (THIS) Fund contribution was increased from 0.5 percent to 0.65 percent due to a severe shortfall in the THIS Fund. Effective July 1, 2003, the member THIS Fund contribution increased to 0.75 percent.

An employer THIS Fund contribution equal to 0.4 percent of creditable earnings (covered payroll) also became effective January 1, 2002. Effective July 1, 2003, the employer THIS Fund contribution increased to 0.5 percent.

The member and employer contributions help fund the Teachers' Health Insurance Security (THIS) Fund, which finances the Teachers' Retirement Insurance Program (TRIP). As an employer, you may agree to pay the required member THIS Fund contribution on behalf of a member.

Effective January 1, 2002, the member THIS Fund contributions are tax-exempt and must be excluded from the employee's taxable income.

Annuitants receiving a TRS retirement annuity do **not** contribute toward the cost of health benefits unless they exceed the post-retirement employment limitations of 120 paid days or 600 paid hours.

TRS acts as a service agent for the Illinois Department of Central Management Services for the collection of these contributions. Therefore, you must remit THIS Fund member and employer contributions separately from the TRS member and employer contributions.

## **Contribution rates**

<b>Contribution Type</b>	<b>Through 12-31-01</b>	<b>1-1-02 Through 6-30-03</b>	<b>Effective 7-1-03</b>
Member TRS retirement contribution	9%	9%	9%
Employer TRS contributions for member benefit increase	0.58%	0.18%	0.58%
Employer TRS on federally funded salaries	10.5%	10.5%	10.5%
Member THIS (insurance) contribution	0.5%	0.65%	0.75%
Employer THIS (insurance) contribution	-	0.4%	0.5%

Employers are responsible for remitting five different types of contributions after each payroll has been issued.

## **Contributions due dates**

Employer remittance of member and employer contributions for salary paid between the 1st and 15th of the month is due by the 25th of the month. Remittance for salary paid between the 16th and the last day of the month is due by the 10th of the following month. All contributions for the school year ending June 30 are due by **July 10**.

Contributions that are not received by the due date will be assessed late-filing penalties that are payable by the employer. To avoid being assessed a penalty, your transaction must be completed by 3:30 p.m. (Central Standard Time) at least one banking business day prior to the due date.

## **Penalty for late payments**

Past due payments of TRS member and employer contributions will be assessed a penalty equal to the greater of:

- an amount equal to the rate of interest that TRS would have earned if contributions had been received by the due date or
- a minimum of \$50.

Currently, TRS charges interest of 8.5 percent per annum for late payment. This amount is subject to change annually.

By law, July 10 is the last day to deposit contributions for the previous fiscal year (40 ILCS 5/16-155). Payments TRS receives after July 10 are subject to the late-payment penalty.

Employers will be notified of any penalty amounts due. Assessed penalties will be indicated on your Employer Bill.

When TRS does not receive contributions and penalties within 90 days of the due date, TRS is authorized to take action to recover such funds (40 ILCS 5/16-158.1). Any amounts owed to TRS will be deducted from state funds due the employer.



## **Employer pay schedule and verification of Payroll Deduction Program (PDP) contracts**

The TRS and THIS Fund member and employer contributions described previously must be remitted after each pay period. To provide each employer with contribution due dates, TRS mails an employer pay schedule letter and form to all contributing employers (except state agencies) prior to the beginning of a new school year. When you receive this form, write the dates on it that retirement contributions will be deducted from the TRS-covered employees' (teachers and administrators) payroll checks for the coming year. Update the contact information, then return the form to TRS by the due date and keep a copy for your files (examples on page 5 and 6).

Also included with the Employer Pay Schedule form is the Verification of PDP Contracts (with less than 12 month pay cycles) form. This form (example on page 7) will list employees in your district who have a Payroll Deduction Program agreement and are on a pay cycle of less than 12 months. This form indicates the months that the employees do not receive a pay check. This information is used to correctly bill your district for PDPs during the summer months. Verify that this information is correct then return this form to TRS along with the Employer Pay Schedule form. Be advised that federal guidelines prohibit a member from changing their pay cycle once they have entered into a PDP agreement.

The dates you write on the Employer Pay Schedule form will be used to generate the Employer Pay Period Schedule Report for the coming school year. You will receive an employer pay period schedule report letter and the actual report (examples on pages 8 and 9) prior to the beginning of the new school year. If any of your pay dates change, contact the TRS Accounting Department as soon as possible to avoid a potential penalty.

April 23, 2004

Attention: Joe Smith  
All American School District  
500 Main Street  
PO Box 248  
Little Town IL 61520-1111

Re: 099-9999

Dear Employer:

Enclosed is your Employer Pay Schedule form and the Verification of PDP Contracts report. The Employer Pay Schedule form is used to report the dates that you will deduct retirement contributions from payroll checks for administrators and teachers for the 2004-2005 school year, including pay dates for summer months.

After we receive your completed Employer Pay Schedule form, you will receive a report that indicates your pay dates and due dates. You should use this report when making your payments.

The Verification of PDP Contracts (with less than 12 Month Pay Cycle) report reflects those members in your district with Payroll Deduction Program (PDP) agreements that are paid on a payroll cycle other than a 12 month cycle. This information is used to bill you for PDP amounts due from members. Please verify the accuracy of this information and mark the appropriate box.

Please note that federal guidelines prohibit a member from changing their pay cycle once they have entered into a PDP agreement.

Both completed forms are to be returned to us by May 14, 2004. Fax your forms to (217) 753-0969.

If you are unable to complete and return the Employer Pay Schedule form by the above date, please call our Accounting Department toll free at (888) 877-0890.

Accounting Department

Enc.: Employer Pay Schedule form  
Verification of PDP Contracts report

## Employer Pay Schedule

**TRS Code:** 099-9999  
**Employer name:** All American School District  
**FEIN:** 11-1111111  
**County:** County  
**Address:** 500 Main Street  
 PO Box 248  
 Little Town IL 61520-1111

**Contact:** Joe Smith  
**Phone:** (217) 999-9999  
**Fax:** (217) 111-1111  
**E-mail:** joe@email.com

Please supply your payroll dates for the 2004-2005 school year:

	1st Pay	2nd Pay	3rd Pay	4th Pay	5th Pay
<b>July</b>					
<b>August</b>					
<b>September</b>					
<b>October</b>					
<b>November</b>					
<b>December</b>					
<b>January</b>					
<b>February</b>					
<b>March</b>					
<b>April</b>					
<b>May</b>					
<b>June</b>					

Please review the district contacts as well as the address shown at the top of this form. Please make any changes or provide appropriate contact names before returning the form to TRS.

District contact person	TRS contact type	Telephone/Fax numbers	E-mail address
Joe Smith	Accounting	(217) 999-9999 (217) 111-1111	joe@email.com
Joe Smith	Reporting	(217) 999-9999 (217) 111-1111	joe@email.com
	Payroll Deduction		

Signature of school official	Title	Date
------------------------------	-------	------

06005012 08/2001



**Verification of PDP Contracts  
(with less than 12 Month Pay Cycle)**

**TRS Code:** 099-9999  
**Employer name:** All American School District  
**FEIN:** 11-1111111  
**County:** County  
**Address:** 500 Main Street  
PO Box 248  
Little Town IL 61520-1111

**Contact:** Joe Smith  
**Phone:** (217) 999-9999  
**Fax:** (217) 111-1111  
**E-mail:** joe@email.com

Months Not Paid						
Name	SSN	Pay cycle	May	June	July	August
September						

Please note that federal guidelines prohibit a member from changing their pay cycle once they have entered into a PDP agreement.

☐

I agree with the information listed.

☐

I have corrected errors as noted above.

Signature of school official	Title	Date
------------------------------	-------	------

23001012 08/2001





www.trs.state.il.us

Retirement Security for Illinois Educators

## Teachers' Retirement System of the State of Illinois

Jon Bauman, Executive Director  
2815 West Washington, P.O. Box 19253  
Springfield, Illinois 62794-9253  
(800) 877-7896 TDD (217) 753-0329  
TRS is an AA, EEO, ADA employer.

June 14, 2004

Attention: Joe Smith  
All American School District  
500 Main Street  
P O Box 248  
Little Town IL 61520-1111

Re: 099-9999

Dear Employer:

Your Employer Pay Period Schedule Report for school year 2004-2005 is enclosed. When making a remittance, you will be prompted to enter the four-digit fiscal year and the two-digit pay period as shown on the Employer Pay Period Schedule Report. **Please verify that you are using the correct fiscal year and pay period with each transaction entered.** Space is provided to note the debit dates as well as the five-digit reference number that the system assigns to each payment.

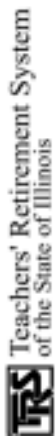
If you have any questions, please call our Accounting Department toll free at (888) 877-0890.

Teachers' Retirement System  
of the State of Illinois

Enc.: Employer Pay Period Schedule Report  
*Pay Period Remittance Report* brochure







### Employer Pay Period Schedule Report

System: Accounting  
Report Name ADEP501001.rpt

TRS Code: 099-9999      Joe Smith      Address: 500 Main Street  
Employer Name: All American School District      Phone: (217) 999-9999      PO Box 248  
FEIN: 11-1111111      Fax: (217) 111-1111      Little Town IL 61520-1111  
County: County      E-Mail: joe@email.com

Please verify that you are using the correct fiscal year and pay period each time you make a deposit. To be considered timely, calls must be completed by 3:30 p.m. (Central Time) at least one business banking day before the payment due date.

District Payroll Date	Payment Due Date	EFT Option	Fiscal Year	Pay Period	Member 9% Contributions	Employer 10.5% Contributions	Employer Contributions for Member Benefit Increase	THIS Fund Contributions	Total	Debit Date	Reference Number
07/03/03	07/25/03	1	2004	01							
		2									
07/18/03	08/10/03	1	2004	02							
		2									
08/01/03	08/25/03	1	2004	03							
		2									
08/15/03	08/25/03	1	2004	04							
		2									
08/29/03	09/10/03	1	2004	05							
		2									
09/12/03	09/25/03	1	2004	06							
		2									
09/26/03	10/10/03	1	2004	07							
		2									
10/10/03	10/25/03	1	2004	08							
		2									
10/24/03	11/10/03	1	2004	09							
		2									

03/12/2004  
ds

Teachers' Retirement System of the State of Illinois  
Page 1 of 3



## Remitting contributions and payments

Employers remit contributions and payments to TRS electronically via touch-tone telephone or the Web-based remittance system. All member and employer contributions should be remitted electronically via either payment option. Only payments requiring an employer payment coupon, such as employer payment of a member's 2.2, optional service or ERO balance, should still be remitted by check and mailed to the TRS Springfield Office.

### Telephone vs. Web-based Remittance System

Whether you choose the telephone or Web-based remittance system, the required data input script that you will follow is identical. To make a payment to TRS, you must first have your TRS employer number (TRS code), your personal identification number (PIN), and pertinent information for the type of payment that you wish to make, such as the fiscal year, pay period, bill invoice and section numbers, and dollar amounts. Your PIN and how the amounts are transmitted to TRS are identical, regardless of the option used. You may remit multiple pay periods or multiple contribution types in the same session.

The telephone EFT system can be accessed by dialing (800) 230-1107. Transactions can be remitted by following the prompts on the script – see page 16 and 17. Reference numbers will be assigned to each transaction and should be recorded on the Employer Pay Period Schedule Report. This system is available 24 hours a day, seven days a week, including weekends and holidays.

To easily connect to the Web-based remittance site, access the Teachers' Retirement System's Web site at [www.trs.state.il.us](http://www.trs.state.il.us) and click on the Employer Services link in the left navigation bar. From the Employer Services page, simply click on the Web-based Remittance System link in the right navigation bar. This system needs a computer with Internet access and either Internet Explorer 5.0 or Netscape 6.1 or higher. A screen resolution of 1024 x 768 is recommended. This system is available 22 hours a day (with a nightly maintenance window), seven days a week. This system utilizes the most advanced security available to ensure the privacy of your payment information. All transactions are conducted over a Secure Sockets Layer (SSL) connection secured with 128-bit encryption. Please note that there is a time out feature with the Web-based system. You will be automatically logged off if your system is inactive for five minutes.

### Making a Web-based payment

To make a payment via the Web-based system:

- Enter your employer number and PIN on the Log On screen and click on Log On.
- The Select Payment Type screen (example on page 11) will be displayed. These options correspond to the options available on the EFT telephone script. Select the desired payment type.
- The Make a Payment screen (example on page 11) will be displayed. Enter the appropriate values in the displayed fields. Click on continue.
- The Confirm Payment Information screen (example on page 11) will be displayed. Review the information to ensure accuracy. If it is correct, click on the Submit Payment button. If it is incorrect, click on the Edit Payment button to make changes.
- The Payment Acknowledgement screen will be displayed. Your reference number will be listed. Print this page as a receipt for your payment. (Or, you may capture the printer

friendly file to save it to a location of your choice.) If you wish to make another payment, select New Payment. Otherwise, click on Log Off. Your payment is complete!

With either system, transactions must be completed by 3:30 p.m. (Central Standard Time) at least one business banking day prior to the contribution due date in order for your payment to be considered timely.

## Payment inquiry and cancellation

Payment inquiry (Web-based example on page 11) and cancellation can be completed on either remittance system. On the telephone-based system, simply select option 5 after entering your employer number and PIN. You will be connected with an operator who can access your account information.

If you wish to retrieve this information through the Web-based system after you have entered your PIN, simply click on the “Cancel a payment” or “Payment Inquiry” link found in the left navigation menu. Your payment history for the selected payment type will be displayed with available cancellation options.

Please be aware that time frame limits do exist on both cancellation and inquiry options.

## PIN information

You may only change or establish your PIN through the telephone-based system. To start, simply call (800) 230-1107. Enter your employer number and PIN. Then select option 6 to submit your desired change. Your PIN should be treated securely, as it provides your access into the system. Your PIN, once established, is the same in either remittance system.

## How the electronic funds transfer (EFT) system works

Salary deduction contributions should be remitted according to the pay periods you submit to TRS every May. TRS contributions are remitted under option 1 of the EFT script, while THIS Fund contributions are remitted under option 2. TRS contributions are identified in the Web-based system as “Member and Employer Contributions.” THIS Fund contributions are identified in the Web-based system as “Teachers’ Health Insurance Contributions.”

You will receive an Employer Pay Period Schedule Report each year, which reflects your district payroll dates, payment due dates, the EFT options under which each contribution payment type is made, the corresponding fiscal year, and the pay period number that is required for these types of remittances. Space is provided on the form for you to note the debit dates of your payments and the reference numbers that the EFT system will assign to each payment you make. It is important to verify that you are using the correct fiscal year and pay period each time you submit a transaction.

If you find during the year that your pay periods have changed, contact the TRS Accounting Department to have corrections made and a new schedule mailed to you.

Option 3 of the EFT script is used to remit **billed** TRS contributions. In the Web-based system this type of payment is identified as “TRS Remittance Payment.” These required payments are outlined on the TRS Remittance portion of your monthly bill and include the Payroll Deduction Program, employer early retirement option, penalties, adjustments to earnings (ATEs), and report difference contributions. Please verify that you are entering the correct bill section number as indicated on the bill.

Option 4 of the EFT script is used to remit **billed** THIS Fund contributions. This type of payment is identified in the Web-based system as “THIS Fund Remittance Payment.” These items, which are not applicable to all employers, are shown on the THIS Fund Remittance form and include employer pay insurance, Adjustments to Earnings, and report difference contributions. Bill section numbers should be verified for these sections as well.

Descriptions of all contribution types are found in this chapter of the *Employer Guide*.

With the exception of the Payroll Deduction Program, all billed items are **due upon receipt of the bill**. PDP payments are due by the 10<sup>th</sup> of the month following the month in which the deductions were taken. Do not pre-pay these items. The invoice number is required in the EFT system and therefore the item must be billed prior to making the payment.

Once your transaction(s) have been entered, you must fax your completed TRS Remittance form and/or THIS Fund Remittance form to the TRS Accounting Department. TRS should receive it prior to the debit date. A copy of your bill section is only required if any changes have been made to the billed items. No supporting documentation is required for TRS and THIS Fund payments for salary deduction contributions remitted under option 1 and 2.

The monthly billing package also includes a comprehensive employer statement which reflects all receipt transactions recorded to your account for the given time period, as well as any adjustments that have been completed. This statement should be reviewed upon receipt and any discrepancies reported immediately to the TRS Accounting Department.

### **Reference Numbers**

The EFT system will assign a five-digit reference number to each completed transaction. Reference numbers should be noted on your Employer Pay Period Schedule Report along with the debit date for each payment.

### **Payment Warehousing**

The EFT system allows you to “warehouse” your payments. This means that you can specify future debit dates. You can specify a debit date up to 30 days in the future for TRS and THIS Fund member and employer contributions (options 1 and 2) and a debit date up to 40 days in the future for Payroll Deduction Program payments (option 3).

### **EFT Banking Changes**

If you are required to submit banking information changes to TRS, the Electronic Funds Transfer Program Enrollment form, which is available on our Web site, should be used (see page 14 and 15). Simply mark “Notice of Change” at the top of the form, complete the necessary information, note the effective date, sign, and date the form. Then mail or fax the completed form to the TRS Accounting Department.





Teachers' Retirement System of the State of Illinois  
2815 West Washington, P.O. Box 19253  
Springfield, Illinois 62794-9253  
Retirement Security for Illinois Educators (888) 877-0890

## Electronic Funds Transfer Program Enrollment Form

Please type or print all information clearly. If necessary, please refer to the backside for instructions on completing this form.

Add New Account ☐ Notice of Change ☐ Delete Account ☐

Employer Number (7) \_\_\_\_\_

Employer Name (25) \_\_\_\_\_

ABA # (9) \_\_\_\_\_ Checking ☐ Savings ☐

Bank Account # (1-17) \_\_\_\_\_

Daily Debit Maximum (optional for your protection only) \$\_\_\_\_,\_\_\_\_,\_\_\_\_.\_\_\_\_

### NOTE: PLEASE TAPE A VOIDED CHECK TO THE BACKSIDE OF THIS FORM.

Teachers' Retirement System (the 'System') is hereby authorized to present debit entries, which the employer through its authorized agent originates, to the bank account identified above and the bank is authorized to debit such account for the payment(s) identified above. This authority is to remain in full force until EFT payments are no longer offered, or upon 30 days' notice by either the System or the employer to terminate the employer's participation in the EFT program. The employer's participation in the EFT program is subject to the rules and regulations issued by the System, as amended from time to time. The person who executes this form on behalf of the employer represents to the System that he or she is authorized to enroll the employer in this EFT program.

\_\_\_\_\_  
Signature of Responsible Business Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Please make a copy of this form for your records. Return the completed form to: Teachers' Retirement System Accounting Department, P.O. Box 19253, 2815 W. Washington St., Springfield, IL 62794-9253. Thank You.**

06002011 6/02

### DO NOT COMPLETE THIS SECTION (Internal Use Only)

Level I# 6 2 7 9

Level II#

Location # & Disc Data B

PIN(Disc Data G) (For NEW Only)

Member/Employer Contribution: 

0	1
---	---

7 Digit Employer Number 

Y0000
-------

Teachers' Health Insurance Security Fund: 

0	2
---	---

7 Digit Employer Number 

Y0000
-------

Payroll Deduction of Members' Opt Service: 

0	4
---	---

7 Digit Employer Number 

Y0000
-------





Retirement Security for Illinois Educators

Teachers' Retirement System of the State of Illinois

2815 West Washington, P.O. Box 19253

Springfield, Illinois 62794-9253

(888) 877-0890

***ELECTRONIC FUNDS  
TRANSFER PROGRAM  
ENROLLMENT FORM  
(INSTRUCTIONS)***

**This agreement is to be used for first time enrollments as well as for modifications to your enrollment. You must check one of the three boxes that apply.**

- ☐ **ADD NEW ACCOUNT:** Used for all new employers registering for the first time on the EFT program.
- ☐ **NOTICE OF CHANGE:** Used when a modification must be made to your information on file for EFT (new address, different banking information, additional payment type(s), etc.)
- ☐ **DELETE ACCOUNT:** Used when the employer has elected to no longer participate in the EFT program.

---

**PLEASE TAPE YOUR VOIDED CHECK WITHIN THIS AREA OF THE FORM (NO STAPLES PLEASE)**

**EMPLOYER NUMBER:** **Required.** You must indicate your 7-digit Employer Number.

**EMPLOYER NAME:** **Required.** Please use the allowed space of 25-characters to print/type the employer's name as it should appear for ACH presentation to your financial institution and to the Teachers' Retirement System.

**ABA/ROUTING # (9):** **Required.** The 9-digit *Routing Transit Number* used to identify the financial institution where the employer's account is maintained. (This number can be found in the bottom MICR line of the employer's check.)

**BANK ACCOUNT # (1-17):** **Required.** The number of the employer's financial institution account used to pay the contribution. (The number is typically the second number in the bottom MICR line of the employer's check.) *Please note that the account number should NOT include the 3-5 digit check number, also present on the bottom line of the check. We recommend verifying the correct reporting of your ABA and account numbers (with or without dashes, spaces, etc.) with the financial institution representative.*

**Please check the proper designation of the employer's account to be drawn against for payment.**

- ☐ **CHECKING** - For all checking, NOW and/or share draft accounts.
- ☐ **SAVINGS**

**DAILY DEBIT MAXIMUM:** *Optional.* The highest threshold or the maximum dollars and cents amount the employer expects to report. This guideline will be considered to ensure that all reported amounts on the EFT program do not exceed this indicated limit.

**Please sign and date the front of the form in the area noted. Then return the completed form to the address listed.**

**THANK YOU.**

06002051 1.5M 3/03



Instructions for  
Electronic Funds Transfer (EFT)  
Program for Employer Remittances

**SYSTEM INSTRUCTIONS**

- The system is available to you 24 hours a day, seven days a week, including weekends and holidays.
- To be considered timely, calls must be completed **by 3:30 p.m. (Central Time)** at least one business banking day before the payment due date.
- **You must enter the date you would like your bank account debited.** You may specify a future bank account debit date. This date cannot be a weekend or state holiday and must be at least one business day in the future. For the *member and employer* contributions and *Teachers' Health Insurance Security* payments (options 1 and 2), you have up to 30 days in the future to settle. For payments from a *TRS Remittance form*, or a *THIS Fund Remittance form* (options 3 and 4), you may designate up to 40 days in advance.
- You may remit multiple pay periods or multiple contribution types in the same phone call.

**For faster reporting, please have the following information ready before calling.**

**Have your Employer Pay Period Schedule Report and your TRS or THIS Fund Remittance form ready before you call.**

**For identification:**

- The contribution type: (1) *member & employer contributions*, (2) *Teachers' health insurance*, (3) *TRS Remittance form* or (4) *THIS Fund Remittance form*.
- Your 7-digit employer ID number.
- Your PIN code (*please see the instructions on how to establish on your first call*).

**For individual payment reporting:**

- Fiscal year (4-digit CCYY).
- Pay period (values 01-60 inclusive), when applicable (*as indicated on your Employer Pay Period Schedule Report*).
- Individual or total contribution amount(s), as dollars and cents.
- Bill invoice number (*as indicated at the top of the TRS or THIS Fund Remittance form*).
- Bill section number (*as indicated in the bill section of the TRS or THIS Fund Remittance form*).
- Bank account debit date (6-digit MMDDYY).

---

**CALL TOLL-FREE: (800) 230-1107**

- System:** Welcome to the Teachers' Retirement System of the State of Illinois. Please press 1 now.  
**Employer:** 1.
- System:** Please press the pound (#) sign after each entry to speed your call.
- System:** Please enter your 7-digit employer number.  
**Employer:** \_ \_ \_ \_ \_ #.
- System:** Enter your PIN code.  
**Employer:** \_ \_ \_ \_ #
- System:** To make a *member and employer contribution*, press 1, to make a *Teachers' health insurance contribution*, press 2. To make a payment from a *TRS Remittance form*, press 3. To make a payment from a *THIS Fund Remittance form*, press 4. To perform a cancellation or inquiry about a payment, press 5. Or for a PIN code change, press 6.  
**Employer:** \_ #.  
**System:** 1# - proceed to step 6a – Option 1  
2# - proceed to step 6a – Option 2  
3# - proceed to step 6a – Option 3  
4# - proceed to step 6a – Option 4  
5# - hold for operator assistance  
6# - follow along as prompted



**Option 1 - For Member and Employer Contributions:**  
(Refer to Employer Pay Period Schedule Report.)

- 6a. System: Enter the fiscal year for which you are remitting contributions.  
Employer: \_\_\_\_ # (CCYY)
- 6b. System: Enter the pay period.  
Employer: \_\_\_\_ #
- 6c. System: Enter the total member 9% contributions.  
Employer: \$ \_\_\_\_ . \_\_\_\_ #
- 6d. System: Enter the total employer 10.5% contributions from special trust or federal earnings.  
Employer: \$ \_\_\_\_ . \_\_\_\_ #
- 6e. System: Enter the total employer's contributions for member benefit increase.  
Employer: \$ \_\_\_\_ . \_\_\_\_ #  
System: Your TOTAL for all amounts entered is: \_\_\_\_ dollars and \_\_\_\_ cents.
- To accept, press 1. To correct and re-enter (all amounts), press 2.  
Employer: 1# (accept) – proceed with steps #7, 8, 9.  
2# (correct) – return to step #6a and re-enter.

**Option 2 - For Teachers' Health Insurance Contribution:**  
(Refer to Employer Pay Period Schedule Report.)

- 6a. System: Enter the fiscal year for which you are remitting contributions.  
Employer: \_\_\_\_ # (CCYY)
- 6b. System: Enter the pay period.  
Employer: \_\_\_\_ #
- 6c. System: Enter the TOTAL member and employer THIS Fund contribution amount (in dollars and cents).  
Employer: \$ \_\_\_\_ . \_\_\_\_ #  
System: You entered: \_\_\_\_ dollars and \_\_\_\_ cents.
- To accept, press 1. To correct and re-enter, press 2.  
Employer: 1# (accept) – proceed with steps #7, 8, 9.  
2# (correct) – return to step #6a and re-enter.

**Option 3 - For Payment from a TRS Remittance Form:**

- 6a. System: Enter the bill invoice number of the bill you are paying from.  
Employer: \_\_\_\_ #
- 6b. System: Enter the TRS bill section number for which you are making payment.  
Employer: \_\_\_\_ #
- 6c. System: Enter the dollar amount for the TRS bill section number.  
Employer: \$ \_\_\_\_ . \_\_\_\_  
System: You entered: \_\_\_\_ dollars and \_\_\_\_ cents.
- To accept, press 1. To correct and re-enter, press 2.  
Employer: 1# (accept) – proceed with steps #7, 8, 9.  
2# (correct) – return to step #6a and re-enter.

**Option 4 - For Payment from a THIS Fund Remittance Form:**

- 6a. System: Enter the bill invoice number of the bill you are paying from.  
Employer: \_\_\_\_ #
- 6b. System: Enter the THIS Fund bill section number for which you are making payment.  
Employer: \_\_\_\_ #
- 6c. System: Enter the dollar amount for the THIS Fund bill section number.  
Employer: \$ \_\_\_\_ . \_\_\_\_  
System: You entered: \_\_\_\_ dollars and \_\_\_\_ cents.
- To accept, press 1. To correct and re-enter, press 2.  
Employer: 1# (accept) – proceed with steps #7, 8, 9.  
2# (correct) – return to step #6a and re-enter.

7. System: Enter the date you would like your bank account debited (required).  
Employer: \_\_\_\_ # (MMDDYY).  
System: You entered a debit date of \_\_\_\_.  
To accept, press 1. To correct and re-enter, press 2.  
Employer: 1# (accept) - proceed with step #8.  
2# (correct) - return to step #7.
8. System: Thank you. Your contribution has been accepted. Your reference number is \_\_\_\_.  
Repeating, your reference number is \_\_\_\_.
9. System: To disconnect, press 1. To continue, press 2.  
Employer: 1# - Thank you for using the Teachers' Retirement System.  
2# - To report for the same employer number, press 1. (Returns to step #5.)  
To report for a different employer number, press 2. (Returns to step #3.)



## **Serving Teachers and Retirees (STAR) computer system**

Under the **Serving Teachers And Retirees (STAR)** computer system that we started using in January of 2003, employers receive a comprehensive statement and bill package each month. State agency employers receive this package twice each month due to their special payment requirements. There are three main components to the monthly package: the TRS and THIS Fund Remittance forms, the Employer Statement, and the Employer Bill.

### **Billing package cover letter**

The cover letter is the first document included in your billing package. The cover letter contains general information about the enclosed documents and provides the Employer Statement time period and Employer Billing month. Payment due dates are noted in the cover letter. The letter is addressed to the person whom we have listed in our system as the accounting contact from your district. If the contact person is not correct, please provide us with the correct name so we can ensure that the proper person at your district is receiving the monthly package.

### **TRS and THIS Fund Remittance forms**

TRS and THIS Fund Remittance forms (examples on pages 19 and 20) are the documents that should be used when remitting payments for billed amounts. The TRS remittance form is sent each month regardless of whether or not amounts are due. If no amounts are due, the remittance form will show zeros. State agency employers will receive a TRS Remittance form that is designed specifically for the way they remit payments.

A THIS Fund Remittance form is only provided when amounts are owed. State agency employers will not receive a THIS Fund Remittance form. Teachers' Retirement System acts as an agent for the Illinois Department of Central Management Services (CMS) in collecting funds for the THIS Fund. THIS Fund remittances must be kept separate from TRS remittances.

In the upper-right corner of each remittance form you will see the bill date, the billing month, your employer name, and seven-digit employer number (TRS Code). The fiscal year and bill invoice number are also shown. In the body of each remittance form, bill section names and numbers are shown along with the amount that you are being billed for each section. All bill section names and numbers will appear even if no amount is due. Each bill section has a unique bill section number. Bill sections for amounts owed to TRS are even numbers (10, 20, etc.) and for amounts owed to THIS Fund are odd numbers (25, 45, etc.).

Bill date: 10/25/2004  
Billing for month of: 11/2004

## TRS Remittance

All American School Dist. #9999

TRS Code: 099-9999  
Fiscal year: 2004-2005  
Bill invoice number: 3610

Bill Section	Amount Due	Amount Remitted	Debit Date	Reference Number
10 Payroll Deduction Program	1,800.00			
20 Employer Early Retirement Option	137,996.27			
30 Penalties / Other	12,600.00			
40 Adjustments to Earnings	4,016.00			
50 Report Difference Contributions	730,000.00			

**Total: 886,412.27**

### Instructions for Making Payments

**For Payment by EFT - Call Toll Free at (800) 230-1107 or [www.trs.state.il.us](http://www.trs.state.il.us)**

Payment may be made via the TRS Electronic Funds Transfer (EFT) telephone or web based system. Follow the prompts on the script to make your payments. In order to be considered timely, your EFT payment must be completed by 3:30 p.m. Central Standard Time at least one banking business day prior to the due date.

In the appropriate spaces above indicate the amount remitted, the debit date and the five-digit reference number assigned by the EFT system. **Fax this form and corresponding Employer Bill sections, if required, to TRS at (217) 753-0969.**

**PAYMENT BY EFT IS MANDATORY!**

**099-9999**

Bill date: 10/25/2004

Billing for month of: 11/2004

## THIS Fund Remittance

All American School Dist. #9999

TRS Code: 099-9999

Fiscal year: 2004-2005

Bill invoice number: 3610

Bill Section	Amount Due	Amount Remitted	Debit Date	Reference Number
25 Employer Pay Insurance – THIS Fund	800.00			
45 Adjustments to Earnings – THIS Fund	100.00			
55 Report Difference Contributions – THIS Fund	50,000.00			

**Total: 50,900.00**

### Instructions for Making Payments

**For Payment by EFT - Call Toll Free at (800) 230-1107 or [www.trs.state.il.us](http://www.trs.state.il.us)**

Payment may be made via the TRS Electronic Funds Transfer (EFT) telephone or web based system. Follow the prompts on the script to make your payments. In order to be considered timely, your EFT payment must be completed by 3:30 p.m. Central Standard Time at least one banking business day prior to the due date.

In the appropriate spaces above indicate the amount remitted, the debit date and the five-digit reference number assigned by the EFT system. **Fax this form and corresponding THIS Fund Employer Bill sections, if required, to TRS at (217) 753-0969.**

**PAYMENT BY EFT IS MANDATORY!**

**099-9999**

## Employer Statement

The Employer Statement is divided into four sections. The four sections are a member listing, an employer listing, a contribution listing (example on page 23) and the Payroll Deduction Program (PDP) final payment report (example on page 24). The statement time frame is shown at the top of each page and all activity occurring since the previous Employer Statement is displayed. Information shown on the Employer Statement should be reviewed carefully each month. Notify the TRS Accounting Department if there are any errors shown or corrections needed.

The member list reflects all payments received during the statement period that are credited to members' accounts. Included in this section are Payroll Deduction Program payments, the employer's Early Retirement Option contribution and employer pay insurance for THIS Fund. Payments are listed in alphabetical order so that it is easy for you to reconcile the statement to your records.

The next section is the employer list. This section includes payments for adjustments to earnings (ATE) and report difference contributions to TRS and/or THIS Fund as well as any penalty payments received from employers. These payments are listed in the order received within each payment type.

The next section of the Employer Statement is the contribution section (example on page 23) that reflects current year contributions received during the statement period including the member 9 percent retirement contribution, employer 10.5 percent contribution on federally funded salaries, employer contributions for member benefit increase, and THIS Fund member and employer contributions. This portion of the statement also shows cumulative totals by type of contribution for the fiscal year. During the summer months when you may be submitting contributions for the current fiscal year, as well as for the fiscal year just ended, totals for both fiscal years will be shown. These totals will be displayed in ascending sequence. The detail information shown in each section however, is only for the current month and is not cumulative. Payments shown in this section of the statement will be listed in the order received within each payment type.

If an employer does not have any activity for a specific time period, the Employer Statement will be generated with the caption "No activity for this period" printed.

Note that payments received, but not yet verified as of the statement date, will appear on the next Employer Statement. We recommend that employers keep each monthly statement for reference purposes and to aid in completing the Employer's Annual Report of Earnings form.

## Payroll Deduction Program (PDP) Final Payment Report

This report (example on page 24) provides information about employees in your district who have PDP agreements that are scheduled to end within three months of the Employer Statement date. If no employees in your district have PDP agreements or there are none that are ending within three months, "No contracts ending" will be noted on the report.

This information should be used to update your payroll system so that the correct final amounts are deducted and remitted to TRS. Comments relating to completion of PDPs will also be shown on the Employer Bill when a member's agreement has three or less payments to completion. See Chapter 8 for more information on the Payroll Deduction Program.



## Employer Bill

The Employer Bill that you receive each month has been assigned a specific bill invoice number. The bill is broken down into sections with unique section numbers. Bill sections for amounts due to TRS are assigned even numbers and bill sections for amounts due to the Teachers' Health Insurance Security (THIS) Fund are assigned odd numbers. The invoice and section numbers are important, as you will be required to enter them for each payment that you make under options 3 and 4 of our EFT script. You will only receive those bill sections for amounts due.

The billing month and due dates are shown in the upper right corner of each section. Most bill sections are due upon receipt of the bill. Payroll Deduction Program payments are due on the 10<sup>th</sup> of the month following the month in which the deductions were taken. If payments are not received from employers on a timely basis, past due comments will be shown on the bill. If required payments are not made within the guidelines authorized by state statute, TRS has the authority to collect unpaid amounts by filing a claim with the regional superintendent of education or the Office of the State Comptroller against any future state funds payable to the employer.

<b>Employer Statement</b> September 26, 2004 – October 25, 2004	All American School Dist. #9999
	TRS Code: 099-9999

<b>Member 9% Contributions</b>	<b>2004-2005 Fiscal year to date:</b>	600,000.00
--------------------------------	---------------------------------------	------------

Fiscal Year	Activity	Pay Per	Payroll Date	Due Date	Deposit Date	Verification Date	Amount
2004-2005	Cash Receipt	6	09/30/2004	10/10/2004	10/08/2004	10/10/2004	50,000.00
2004-2005	Cash Receipt	7	10/12/2004	10/24/2004	10/20/2004	10/23/2004	50,000.00
<b>Total:</b>							<b>100,000.00</b>

<b>Employer 10.5% Contributions</b>	<b>2004-2005 Fiscal year to date:</b>	630,000.00
-------------------------------------	---------------------------------------	------------

Fiscal Year	Activity	Pay Per	Payroll Date	Due Date	Deposit Date	Verification Date	Amount
2004-2005	Cash Receipt	6	09/30/2004	10/10/2004	10/08/2004	10/10/2004	52,500.00
2004-2005	Cash Receipt	7	10/12/2004	10/24/2004	10/20/2004	10/23/2004	52,500.00
<b>Total:</b>							<b>105,000.00</b>

<b>Employer Contributions for Member Benefit Increase</b>	<b>2004-2005 Fiscal year to date:</b>	34,800.00
---	---------------------------------------	-----------

Fiscal Year	Activity	Pay Per	Payroll Date	Due Date	Deposit Date	Verification Date	Amount
2004-2005	Cash Receipt	6	09/30/2004	10/10/2004	10/08/2004	10/10/2004	2,900.00
2004-2005	Cash Receipt	7	10/12/2004	10/24/2004	10/20/2004	10/23/2004	2,900.00
<b>Total:</b>							<b>5,800.00</b>

<b>THIS Fund Contributions</b>	<b>2004-2005 Fiscal year to date:</b>	30,000.00
--------------------------------	---------------------------------------	-----------

Fiscal Year	Activity	Pay Per	Payroll Date	Due Date	Deposit Date	Verification Date	Amount
2004-2005	Cash Receipt	6	09/30/2004	10/10/2004	10/08/2004	10/10/2004	2,500.00
2004-2005	Cash Receipt	7	10/12/2004	10/24/2004	10/20/2004	10/23/2004	2,500.00
<b>Total:</b>							<b>5,000.00</b>

*Payments are credited to your account as of the deposit date shown above. Payments received but not yet verified will appear on your next Employer Statement. If you have questions regarding this statement, contact our Accounting Department toll free at (888) 877-0890 or by e-mail at [employers@trs.state.il.us](mailto:employers@trs.state.il.us)*

**Please keep this page for your records.**

**099-9999**

<b>Employer Statement</b> September 26, 2004 – October 25, 2004	All American School Dist #9999
	TRS Code: 099-9999

### Payroll Deduction Program (PDP) Final Payment Report

The payroll deduction agreements listed below are scheduled to end within the next three months. This information is also listed in the Payroll Deduction Program section of your Employer Bill with corresponding comments. Please use this listing as a reference to make the correct final deductions. If you have questions regarding a final payment, please call our Accounting Department toll free at (888) 877-0890. Members will receive a letter from us upon completion of their contract.

PLEASE NOTE: Optional Service (OS) agreements accrue interest on the monthly unpaid balance. Therefore, the total amount to be paid will be greater than the principal amount shown on the agreement you have on file.

#### Contracts with One Remaining Month

SSN	Name	Type	Begin Date	11/2004 Amount
853-83-4357	Basson, Jennifer	2.2	01/2001	200.00
666-66-6666	Williams, Bill	2.2	01/2001	100.00

#### Contracts with Two Remaining Months

SSN	Name	Type	Begin Date	11/2004 Amount	12/2004 Amount
222-22-2222	Thompson, Mary	OS	02/2001	100.00	45.00

#### Contracts with Three Remaining Months

SSN	Name	Type	Begin Date	11/2004 Amount	12/2004 Amount	01/2005 Amount
333-33-3333	Anderson, Carrie	2.2	03/2001	100.00	100.00	23.50

Please keep this page for your records.

099-9999



### **Payroll Deduction Program (PDP) Bill**

The PDP section of the bill (example on page 27) is section 10. This section lists all members with PDP payments due. Billing comments are included depending on whether the PDP is just beginning or the PDP is nearing completion. If you have any suspended PDPs, they will be listed with the comment "Suspended." The bill should be reconciled each month with any changes noted.

If you have any teachers who have more than one optional service (OS) PDP agreement and the agreements began prior to January 2003, you will see one monthly amount due for these OS PDP agreements on your STAR bill. If the PDPs have different end dates, when one of the PDPs ends, a comment "Note Amt Change" will be shown on the bill. If a member has more than one 2.2 PDP, the monthly amounts due will be shown separately on your monthly bill. Optional service PDPs set up under the STAR system will appear on your bill as separate monthly amounts due.

### **Employer Early Retirement Option Bill**

Section 20 is the employer Early Retirement Option (ERO) section. If any TRS members in your district retired under ERO and an employer contribution is owed, the amount due will be reflected on this section. Note that only the employer contributions should be remitted on this form. If you are paying a member's ERO contribution, the member will provide you with a separate payment coupon to use for paying the member's ERO. Only the member's contribution must be paid in full prior to the member's retirement.

### **Employer Pay Insurance Bill**

Section 25 is the bill section for employer pay insurance. Some employers pay for their retired teachers' health insurance. This section (example on page 28) is for health insurance that you pay for members who retired from your district. The bill date shown is for the next month, but the liability to THIS Fund for this insurance is for the current month.

### **Penalties/Other Bill**

The next bill section is Penalties/Other and is bill section number 30. Penalties owed to TRS for late contributions, receipt of the annual report after the due date, or report difference penalties will be shown in this section. Information relating to the due dates and the date of receipt of the original contributions or the annual report will be shown on the bill. Employers have the option of writing to the TRS Accounting Department to request a waiver of any penalties assessed. Be sure to indicate the reason why the contributions or annual report was late and include any supporting documentation, if applicable.

### **Adjustment to Earnings Bill**

Bill sections 40 and 45 represent adjustments to earnings (ATE) contributions owed to TRS and THIS Fund respectively. If employers need to request an adjustment to a previous year's earnings for a member, contact Employer Services to request an ATE form. You will be billed for any amounts due to TRS or THIS Fund on these bill sections. Member accounts (service credit and creditable earnings) will not be updated until ATE amounts owed are paid in full.



## **Report Difference Contributions Bill**

Bill Sections 50 and 55 represent report difference contributions owed to TRS and THIS Fund, respectively. These amounts represent underpayments of contributions owed to TRS or THIS Fund for a prior fiscal year and are calculated after your annual report is reviewed.

Under the STAR system, TRS transfers any overpayments of TRS contributions to underpayments of TRS contributions and any underpaid amounts remaining are shown on the Employer Bill (example on page 29). All amounts owed to TRS will be shown on one bill section (i.e. Member 9 percent, Employer 10.5 percent, employer retirement contribution). THIS Fund amounts owed will be shown on a separate bill section. Any remaining overpayments of contributions will be refunded to you.

## **Remitting payment for billed amounts**

Billed amounts are remitted via the EFT system. Use option 3 for billed amounts owed to TRS and option 4 for billed amounts owed to THIS Fund. Enter the bill invoice number and bill section number as shown on the TRS or THIS Fund Remittance form and the amount being paid for each bill section. Be sure to use the correct bill invoice number. If you have amounts due for more than one bill section under options 3 or 4 of the script, you will need to enter each amount separately.

## **Show changes and return information to TRS**

Space is provided on all of the above bill sections for you to note any changes between the amounts you withheld and the amounts you were billed. Space is also provided on the bill sections that list individual members for you to note those members whom you made a payment for and believe should have been shown on the bill but were not included. Space is provided on the TRS and THIS Fund Remittance forms for you to note the five-digit reference number that the EFT system will assign to each payment, as well as the debit dates for your payments. Once your transaction(s) have been entered, fax (prior to the debit date) the completed TRS remittance form and/or THIS Fund remittance form to the TRS Accounting Department at (217) 753-0969. A copy of your bill should only be faxed if changes were made.

## Employer Bill

**TRS Code:** 099-9999 **Bill invoice number:** 3610  
**All American School Dist. #9999** **Billing for month of:** 11/2004

### Payroll Deduction Program

**Bill section number:** 10  
**Total amount due:** 1,800.00  
**Due date:** 12/10/2004

The amount due represents deductions from member's paychecks to pay for the purchase of optional service or to pay for the 2.2 upgrade cost. Retirement, death, and termination of employment are qualifying events that terminate a member's Payroll Deduction Program agreement. Please notify our Accounting Department if a member has a change in employment status. Your next Employer Bill will be adjusted accordingly. If you have questions, contact our Accounting Department toll free at (888) 877-0890 or by e-mail at employers@trs.state.il.us.

*If a payment being remitted for a member does not match the amount due, please indicate the amount being paid and the reason for the discrepancy under Note Changes and Comments.*

Billing Month	SSN	Name	Begin	Est. End	Pay Cycle	Type	Amount Due	Note Changes	Comments
11/2004	333-33-3333	Anderson, Carrie	01/2001	01/2005	12	2.2	100.00		3 Months Left
11/2004	453-82-9823	Arnette, James	01/2000	04/2005	12	OS	200.00		
11/2004	<b>853-83-4357</b>	<b>Basson, Jennifer</b>	<b>01/2001</b>	<b>11/2004</b>	<b>12</b>	<b>2.2</b>	<b>200.00</b>		<b>Final-Retired</b>
11/2004	444-44-4444	Baxter, Dave	01/2001	04/2005	12	2.2	100.00		
11/2004	963-85-9665	Benton, Kent	01/2000	04/2005	12	2.2	100.00		
11/2004	341-52-9435	Creasy, Vivian	01/2000	04/2005	12	OS	100.00		
11/2004	331-40-6073	Dukette, Denise	01/2000	04/2005	12	2.2	100.00		
<b>10/2004</b>	<b>704-60-4088</b>	<b>Grill, Robert</b>	<b>01/2000</b>	<b>01/2005</b>	<b>12</b>	<b>OS</b>	<b>0.00</b>		<b>Revoked</b>
11/2004	484-88-4316	Grimmett, David	01/2000	04/2005	12	2.2	100.00		
11/2004	523-06-9066	Holbert, Martin	01/2000	04/2005	12	2.2	100.00		
10/2004	111-11-1111	Smith, John	01/2001	07/2005	12	2.2	100.00		Delinquent
11/2004	111-11-1111	Smith, John	01/2001	07/2005	12	2.2	100.00		
10/2004	222-22-2222	Thompson, Mary	01/2001	12/2004	10	OS	200.00		Delinquent
11/2004	222-22-2222	Thompson, Mary	01/2001	12/2004	10	OS	200.00		2 Months Left
11/2004	723-04-7717	Traego, Debbie	01/2002	01/2005	12	OS	0.00		Suspended
<b>01/2001</b>	<b>666-66-6666</b>	<b>Williams, Bill</b>	<b>01/2001</b>	<b>11/2004</b>	<b>12</b>	<b>2.2</b>	<b>100.00</b>		<b>Final</b>
<b>Total:</b>							<b>1,800.00</b>		

*Please list payments for members who are not included on this bill.*

SSN	Name	Amount Remitted	Reason for Discrepancy

**If changes have been made, please fax this page to TRS.  
 Refer to the TRS Remittance for specific instructions.**

**099-9999**

## Employer Bill

TRS Code: 099-9999  
All American School Dist. #9999

Bill invoice number: 3610  
Billing for month of: 11/2004

### Employer Pay Insurance – THIS Fund

Bill section number: 25  
Total amount due: 800.00  
Payment in full due upon receipt

The members listed below retired from your school district. The amount due to the Teachers' Health Insurance Security (THIS) Fund represents the portion of health insurance for which you are responsible. This billing is in arrears, therefore the amounts due are for the bill date month. If you have questions, contact our Member Services Division toll free at (800) 877-7896 or by e-mail at [members@trs.state.il.us](mailto:members@trs.state.il.us).

*If a payment being remitted for a member does not match the amount due, please indicate the amount being paid and the reason for the discrepancy under Note Changes and Comments.*

SSN	Name	Amount Due	Note Changes	Comments
445-66-5646	Bell, Joellen	100.00		
989-45-4554	Bates, Kathy	100.00		
223-32-2232	Edgerton, John	100.00		
246-34-5332	Grahamlich, Mary	200.00		Includes Past Due
998-56-6543	Harper, Ken	200.00		Includes Past Due
445-66-3433	Kelty, Margaret	100.00		
<b>Total:</b>		<b>800.00</b>		

*Please list payments for members who are not included on this bill.*

SSN	Name	Amount Remitted	Reason for Discrepancy

**If changes have been made, please fax this page to TRS.  
Refer to the THIS Fund Remittance for specific instructions.**

099-9999

## Employer Bill

TRS Code: 099-9999  
All American School Dist. #9999

Bill invoice number: 3610  
Billing for month of: 11/2004

## Report Difference Contributions

Bill section number: 50  
Total amount due: 730,000.00  
Payment in full due upon receipt

The amount due represents underpayments of contributions for a prior fiscal year. Payments for a prior fiscal year received after the statutory due date may be subject to penalties. If you have questions, contact our Employers Services Department toll free at (888) 877-0890 or by e-mail at [employers@trs.state.il.us](mailto:employers@trs.state.il.us).

*If a payment being remitted does not match the amount due, please indicate the amount being paid and the reason for the discrepancy under Note Changes. Please do not remit payments for any amounts that have not yet been billed.*

Type	Fiscal Year	Total Earnings	Total Calculated	Total Paid	Amount Due	Note Changes
Member 9% Contributions	2003-2004	100,000,000.00	9,000,000.00	8,800,000.00	200,000.00	
Employer 10.5% Contributions	2003-2004	100,000,000.00	10,500,000.00	10,000,000.00	500,000.00	
Employer Contributions for Member Benefit Increase	2003-2004	100,000,000.00	580,000.00	550,000.00	30,000.00	
		<b>Total:</b>	<b>20,080,000.00</b>	<b>19,350,000.00</b>	<b>730,000.00</b>	

**If changes have been made, please fax this page to TRS.  
Refer to the TRS Remittance for specific instructions.**

099-9999